ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

Art. XIX.—*Medico-Chirurgical Transactions.* Published by the Royal Medical and Chirurgical Society of London. Vol. LV. 8vo. pp. lxiii., 338. London: Longmans, Green, Reader & Dyer, 1872.

We are always glad to chronicle the appearance of a fresh volume of this valuable series, for it is sure to contain many papers of interest on medical and surgical subjects. The fifty-fifth volume is, we think, no exception to the rule, and we wish that we were oftener called upon to notice articles which are so evidently the result of thoughtful preparation, and which are so well written as those we now propose to analyze.

We shall call attention first to the medical papers in the volume.

A Case of Large Biliary Concretion in the Ileum; by F. Le Gros Clark, F.R.C.S., F.R.S.—The symptoms presented by this case were those usual in intestinal obstruction of moderate severity, except that a hard tumour could be felt in the ileo-cœcal region. After death, which was caused by the escape of several small biliary calculi into the sac of the peritoneum, two large gall-stones were found occupying the ileum close to the ileo-cœcal valve. The gall-bladder did not appear to be altered in character, nor was there any adhesion between it and the duodenum, or anything indicating that the concretions had ulcerated through into the duodenum from the gall-bladder. Each of the large concretions measured about an inch in length and four inches in circumference, and they weighed together nearly an ounce and a quarter. They were found to consist of cholesterine with bile-pigment. Mr. Clark concludes the report of the case by saying, "I think this case worth recording, on account of the rare size of the concretions, and the singular absence of any proof that they had passed from the gall-bladder to the duodenum by an ulcerated opening through their contiguous surfaces. Yet this is the only conceivable way in which large bodies would have found their way into the bowel, especially without any attendant symptoms; and the absence of any preceding or accompanying jaundice proves that there could not have been any protracted obstruction to the passage of the bile from the gall-bladder or liver to the duodenum."

The reader will find a very similar case, except that the gall-stone was passed during life, reported by Dr. S. W. Mitchell, in the Proceedings of the Pathological Society, May 23, 1866 (see number of this Journal for October, 1866).

The Pathology of Scarlatina and the Relation between Enteric and Scarlet Fever. By John S. Harley, M.D. Lond.—A full notice of this interesting paper may be found in the April No. of this Journal for 1872.

On the Cerebral Mechanism of Speech and Thought; by William Henry Broadbent, M.D., F.R.C.P.—This paper, although interesting, does not admit of analysis, and we shall, therefore, present simply the author's conclusions.

1. Words, as remembered sounds, will be represented by cell-groups at the summit of the receptive side of the nervous system, which, for reasons given, is supposed to be situated in the marginal convolutions of the hemisphere.

2. From these cell-groups, when definitely formed, impressions will be trans-

mitted to a cell-area in the superadded convolutions, to which also impressions conveying to the mind the various properties of objects indicated by the words will be transmitted; all these impressions are associated, and the word is employed as the symbol for the resulting idea of the object.

3. Almost simultaneously motor cells in the corpus striatum are grouped for the production of articulate words under the guidance of the remembered sound in response to efforts at imitation, which are at first more or less parrot-like. The cell-groups for spoken words once formed are, however, employed almost exclusively in intellectual expression.

4. The receptive cell-groups for remembered sounds will be found in the marginal convolutions of the two hemispheres, which are symmetrically associated by the corpus callosum, and the cell-groups for spoken sounds will be found in the two corpora striata, but the absence of commissural connections between the superadded convolutions of the two hemispheres permits of the predominant, if not exclusive, education of the left hemisphere for the verbal expression of the product of intellectual action, as has been revealed by pathology. This is an efferent process, and does not imply the exclusive use of the hemisphere in thought.

5. The outlet for intellectual expression in spoken words which are motor acts, is necessarily in some part of the marginal convolutions in relation by fibres with the corpus striatum, and pathology has shown this point to be the left third frontal gyrus.

6. The left third frontal gyrus being the outlet for expression, the left corpus striatum necessarily takes the lead in the production of spoken words, but a way round exists probably from the left to the right third frontal gyrus by the corpus callosum, and thence to the right corpus striatum. Thus speech, though temporarily embarrassed by damage to the left corpus striatum, is recovered; whereas, if the cortex of the left third frontal convolution is damaged, or its fibres, both to corpus striatum and corpus collosum, cut through, speech, having no other outlet, is lost.

On the Effects of Warm Climates in the Treatment of Pulmonary Consumption, as exemplified by an Analysis of two hundred and fifty-one Cases; by CHAS. THEODORE WILLIAMS, M.D. Oxon., F.R.C.P., etc.—Dr. Williams speaks truly when he says that "the selection of a suitable winter climate is a most difficult question in the treatment of consumption, and one which affects, more than any other, the plans of the patient and of his friends, often entailing an exile from home and its comforts, a separation from those most dear, and the sacrifice of ordinary occupations or pursuits." It is scarcely less true that many physicians who do not hesitate to send their patients away from home, are ignorant of the rules which should guide them in the choice of a health resort.

The author demonstrates conclusively that the important ground for selecting a winter station lies in the ascertained results of certain climates on similar cases. The warm climates which are in most repute may, he thinks, be classified as follows: 1. Inland, Temperate, and Moist Climates. 2. Dry Climates of the Mediterranean Basin. 3. Very Dry Climates of Africa. 4. Moist and Warm Atlantic Climates. The first group contains Pau and Bagnères de Bigorres. The second comprises the Rivièra, Malaga, Algiers, and the Mediterranean islands. The third contains Egypt, Syria, the Cape of Good Hope, and Natal. In the fourth group are included Madeira, the Canaries, and the West Indies. The effect which was produced on the patients by their stay abroad may be stated briefly as follow: The general health of the patients was improved in 65 per cent. of the cases, in 6 per cent. it remained stationary, and in 29 per cent. it became decidedly worse, thirteen patients dying abroad. The local results were not quite so favourable. Thus, after the return of the patients, the state of the lungs was improved in 43½ per cent., there was no increase of the disease in 14 per cent., and an increase had taken place in 42 per cent., the improved being only 1½ per cent. more than the worse. The most favourable results were obtained from sea-voyages, which in eighteen cases yield 89 per cent. improved and only 5½ per cent. stationary, and the same percentage worse. Much less favourable results were obtained in moist climates, whether temperate like Pau and Rome, or warm like Madeira and the West Indies, than in the dry bracing climates of the Mediterranean and Africa, Egypt being *facile princeps* among the winter stations of the list. Among the more important of the author's conclusions are the following: 1. That a warm and dry climate is more successful in the treatment of phthisis of inflammatory origin than a warm or cold moist one; 2. That warmth and equability of climates are more important than dryness for patients suffering from phthisis of catarrhal origin. If we compare, in cases where death has occurred, the length of life among the 251 patients who spent on an average 2½ winters abroad with that of 749 patients who never left England, it is found that there was an extension of 4½ months in favour of the climate cases. "Still more striking," he says, "was the result of observations on the effects of cod-liver oil on the duration of life. 40 patients took oil irregularly, or not at all, and of these 17 died; the average duration of life among these being only four years eight and a half months, which contrasts strongly with the average of the total climate cases, viz., eight years. Yet at the commencement these 40 patients were not more unfavourable cases than the rest." We are, of course, not to forget that the invalids enjoyed a great deal more out-door life than it would have been possible for them to do in England, but it seems to us that in every individual instance before sending a patient away from his home, we should ask ourselves the question, whether the possible extension of his life for less than half a year justifies us in separating him from his family and friends?

An Account of Some Renal Calculi of Unusual Shape found in the Left Kidney of a Woman who died of Cancer of the Uterus, etc.; by JEREMIAH MCCARTHY, M.R.C.S. Communicated by T. B. Curling, F.R.S., President.—The pelvis of the left kidney, in the case reported by Mr. McCarthy, was distended in consequence of the pressure of a cancerous mass upon the corresponding ureter. The upper part of the ureter was occupied by a large conical mulberry calculus, and the distended pelvis contained eleven calculi of very remarkable shape. This communication is accompanied by a plate showing the form of the calculi.

On the Pathology of the Morbid State, commonly called Chronic Bright's Disease, with Contracted Kidney (Arterio-capillary Fibrosis); by Sir WILLIAM GULL, Bart., M.D., D.C.L., F.R.S., and HENRY G. SUTTON, M.B., F.R.C.P.—The presentation of this paper has, as our readers are probably aware, given rise to much discussion, and we shall on that account lay before them a very full abstract of it. The authors, believing "that the present prevailing pathological theories do not fully comprehend the whole history of the disease," have not limited their observation to the kidneys, but have examined microscopically all the organs of the body. As a consequence of their investigations they announce that, in the condition known as "chronic Bright's disease, with contracted kidney," the morbid process is not confined to these organs, but that all parts of the organism are more or less involved in it. The results of the microscopical examination of the kidneys is first given; some sections were made without any hardening process; others were made after freezing; some sections were faintly stained by a weak solution of nitrate of silver, others by carmine, and others were left in a natural state. The examination was made by $\frac{1}{5}$ and $\frac{1}{8}$ inch object-glass, and the following changes are said to have been noticed.

A fine fibroid or hyalin-fibroid substance was seen between the convoluted tubules, which made the tubules appear wider apart than normal. In some parts this substance had a homogeneous appearance, in others it had a striated or fibroid appearance like a network, and contained minute indistinct nuclei(?); and in others it had a coarser and more defined fibre-like character. This substance was seen in considerable quantity round the Malpighian bodies, and in still greater amount in and around the walls of the minute arteries. The muscular tissue appeared to be changed in some of the vessels; it seemed thicker than natural, particularly when the arterioles were viewed longitudinally. The muscular nuclei were indistinct, and many of them were so altered as hardly to be recognizable. External to the muscular nuclei, there was a quantity of hyalin-fibroid substance, and the layer formed by this substance was much thicker than the muscular layer—an appearance which is very well shown in an accompanying plate. This hyalin-fibroid was in some of the arterioles bounded externally by a few coarser fibres; in some it merged imperceptibly into the fibroid tissues lying between the tubules. The arterioles were often much thickened and tortuous. The lumen of some of them was encroached upon and narrowed, and in some it seemed completely obliterated. Many of the convoluted tubules were not appreciably altered, except that their epithelium was more or less granular. Others were much shrunken and wasted. Here and there a quantity of the fibroid material was noticed arranged in a concentric manner. These fibroid coils apparently inclosed atrophied tubules. When the cortex was very much contracted, the Malpighian bodies were found lying very much closer together than normal, and surrounded by a considerable quantity of fibroid tissue.

In regard to the examination of the organs the authors say that, when the kidney disease was far advanced, hyalin-fibroid changes were seen in the arterioles of the pia mater and of other parts of the body precisely similar to those observed in the minute renal arteries. "Our examination," the authors say, "have shown us that this hyalin-fibroid formation commences, as regards the pia mater, in the outer coats of the arterioles and in the walls of the capillaries themselves."

The microscopical appearances in chronic Bright's disease may be thus summarized: Alteration of the arterioles throughout the body, due to a hyalin-fibroid formation in the walls of the minute arteries, and a "hyalin-granular" change in the corresponding capillaries. This change occurs chiefly outside the muscular layer, but also in the tunica intima of some arterioles. The degree in which the affected vessels are altered, and the extent to which the morbid changes are diffused over the vascular system of the different organs, varies much in different cases. The muscular layer of the affected vessels is often atrophied in a variable degree.

There are at least two points on which Sir Wm. Gull and Mr. Sutton hold views directly opposed to those entertained by Dr. George Johnson. One of them is in regard to the origin of the disease. Dr. Johnson, believing that the secreting cells of the kidneys first undergo a pathological change, and that the other lesions occur subsequently, referring the change in the cells to their removing from the blood some poisonous materials with which it is charged, and so becoming themselves changed in appearance and structure. But this granular appearance of the epithelium is by no means confined to Bright's disease, for it is not unusual to find it in kidneys which present no sign of disease except merely mechanical congestion. The authors of the paper therefore believe that the cell changes are secondary to the formation of the hyalin-fibroid substance in the intertubular parts, and depend merely upon a diminished supply of blood which induces a diminished activity in the secreting function, and a consequent atrophy of the epithelial cells. The second point of disagreement is in reference to the morbid condition antecedent to the changes in the minute arteries and capillaries. It is well known that Dr. Johnson considered that an impure state of the blood induced this vascular change. To this Sir Wm. Gull and Mr. Sutton object that extreme degeneration of the kidneys, and, together with this, no doubt, a noxious state of the blood, may be present, and yet the vessels may be found healthy. Their observations have shown them, on the other hand, that the vascular changes may exist independently of renal disease, and that the renal change in chronic Bright's disease with contracted kidney, when present, is but a part of a general morbid condition. They are also of the opinion that the hypertrophy of the left ventricle of the heart, so frequently observed in this disease, is not induced by the renal disease, but that both these morbid conditions are dependent upon the same general cause. The "hyalin-fibroid" material in the walls of the arterioles must destroy their elasticity; and the left ventricle, therefore, owing to this cause, has of necessity to contract with greater force to carry on the circulation. The authors briefly allude to various other morbid conditions, such as vesicular emphysema, retinitis albuminuria, contraction of the spleen, and fibroid changes in the stomach, which form part of the pathological changes known as chronic Bright's disease with contracted kidney, and which they explain in the same way. "Clinical medicine," they say, "especially as followed in private practice, enables us often to predict and trace these changes onwards until the morbid formation is general. Thus, a patient may come under care for headache and other allied symptoms in whom, at a given stage, the renal and cardiac function may be normal, and as the case goes on the urine first, or the heart first, or the breathing may first give signs of further lesion until, as the malady progresses, that state called chronic Bright's disease may be fully produced, as shown by the thickened heart, the pale, watery urine, the shrunken skin, the troubled brain, and the dimmed sight."

The conclusions at which Sir Wm. Gull and Mr. Sutton have arrived are as follows:—

1. There is a diseased state characterized by hyalin-fibroid formation in the arterioles and capillaries. 2. This morbid change is attended with atrophy of the adjacent tissues. 3. It is probable that this morbid change commonly begins in the kidney, but there is evidence of its also beginning primarily in other organs. 4. The contraction and atrophy of the kidney are but part and parcel of the general morbid change. 5. The kidney may be but little if at all affected, whilst the morbid change is far advanced in other organs. 6. The morbid change in the arterioles and capillaries is the primary and essential condition of the morbid state called chronic Bright's disease with contracted kidneys. 7. The clinical history varies according to the organs primarily and chiefly affected. 8. In the present state of our knowledge we cannot refer the vascular changes to an antecedent change in the blood due to defective renal excretion. 9. The kidneys may undergo extreme degenerative changes without being attended by the cardio-vascular and other lesions characteristic of the condition known as chronic Bright's disease. 10. The morbid state under discussion is allied with the conditions of old age, and its area may be said hypothetically to correspond to the "area vasculosa." 11. The changes, though allied with senile alterations, are probably due to destinct causes not yet ascertained.

"Should it be considered necessary," they add, "to distinguish this morbid state by any special term, we venture to suggest for that purpose the name 'arterio-capillary fibrosis.'"

The paper is illustrated by two plates showing the morbid microscopical appearances of the arterioles and kidneys. An appendix contains the report of sixty cases of renal disease, in many of which the relative width of the vessels, their channels and walls is given. . J. H. H.

We shall next invite the attention of our readers to those papers which are more distinctively of surgical interest, and shall first consider

On Ether and Chloroform as Anæsthetics; by J. WARRINGTON HAWARD, F.R.C.S., Assistant-Surgeon to the Children's Hospital.

American surgeons have looked with great interest upon what our countryman, Dr. Jeffries, has called the re-introduction of ether into England, and have watched with some little anxiety the issue of the numerous trials of our favourite anæsthetic, which have lately been made in the mother country. The great difficulty in accurately estimating the comparative advantages and disadvantages of ether and chloroform has been, it seems to us, that the advocates of either agent—like those famous knights who fought because they looked on different sides of the same shield—have little or no personal experience with any but the one anæsthetic which they habitually employ: the chloroformists, confident of the superiority of their favourite, make no use of ether, while those surgeons who prefer the latter agent, firmly convinced of its greater safety, hesitate on conscientious grounds to employ the more dangerous chloroform, and when compelled by circumstances to do so, often use it so timidly as not to gain from it even those advantages which it probably possesses. Hence the present thorough experimentation with ether, which is now being made in England by expert chloroformists, will, we are disposed to think, contribute more facts for a just comparison of the merits of the two anæsthetics, than all the experience with either separately, which has hitherto been gained.

Our own use of chloroform has been very limited, but we have always been disposed to concede the claim made for it, that its employment was less often followed by nausea and vomiting than that of ether; hence we have been very forcibly impressed by the evidence given by Mr. Haward and others accustomed to the use of chloroform, that in this respect we have been in error, and that even as regards the production of after-sickness, ether has the advantage.

"It is necessary," says Mr. Haward, "to distinguish between the immediate and the after-sickness produced by these vapours. If the stomach contains food, the inhalation of either ether or chloroform vapour will be equally liable to empty it. But chloroform sometimes produces a persistent vomiting, which comes on after its inhalation is finished, and which may cause even dangerous exhaustion. I do not think ether will cause this. In none of the cases in which I have given it has there been any after-sickness in this sense of the word. To one child I gave it, in whom chloroform had twice produced after-sickness; but the ether had no such effect."

The last paragraph of Mr. Haward's paper seems to us particularly significant, as showing that the dangers of chloroform are becoming not less familiar to those who inhale, than to those who administer that agent:—

"It has been said that one great advantage of anæsthetics, is the mental tranquillity with which a person is enabled to regard the prospect of an operation which is to be robbed of its pain; but I am not sure that this is not often counterbalanced by the dread of an anæsthetic which it is known may of itself prove fatal. It seems to me, therefore, that for this, as for the other reasons I have herein advanced, we should, if possible, avail ourselves of an anæsthetic so safe as ether appears to be, rather than of one, however much it has to recommend it, to which is attached the danger which unquestionably pertains to chloroform."

To Mr. Haward's paper are appended two tables—one embracing 13 cases of death from the inhalation of chloroform, which with 127 others referred to in the text make a grim aggregate of 140;[1] and the second enumerating 97 cases in which the author has administered ether, and in only one of which was there any after-sickness.

On the Operation of Opening the Larynx by Section of the Cartilages, etc., for the Removal of Morbid Growths; by ARTHUR E. DURHAM, F.R.C.S., Surgeon to, and Lecturer on Anatomy at, Guy's Hospital.—An abstract of this paper has already appeared in the quarterly summary of this Journal, in the number for January, 1872, page 261. In addition to the five cases recorded by Mr. Durham and his colleagues, and here published in full, thirty-two others are collected in an appendix, and three are mentioned in a foot-note as having been brought to the author's notice since the reading of his paper, so that the grand total of operations referred to is forty. The results of these cases may be tabulated as follows:—

Completely successful	22
Partially successful	7
Temporarily benefited (cancer)	4
Negative result (no harm done)	3
Not terminated	2
Died	2
Total	40

Mr. Durham has, we think, fairly sustained his position, and has clearly shown that the operation which he advocates is neither so difficult nor so dangerous as it has been represented; and that it is a legitimate surgical resource in any case in which attempts to remove the morbid growth through the natural passages have failed.

On a Case of Unilateral Atrophy of the Tongue; by WM. FAIRLIE CLARKE, M.A. Oxon., F.R.C.S., Assistant-Surgeon to Charing Cross Hospital, etc.—A very full abstract of this communication was published in the number of this Journal for April, 1872, page 525. The appearance of the tongue of Mr. Clarke's patient is well shown in a wood-cut which accompanies his paper.

A Case of Complete Recovery after Necrosis of the Body of a Cervical Vertebra; by WILLIAM OGLE, M.D. Oxon., F.R.C.P.—The patient was a middle-aged man with a history of syphilitic infection, and complete recovery ensued after the exfoliation and removal of several sequestra, the largest of which appeared to consist of almost the entire body of the fourth cervical vertebra. In terminating his paper, which is one of much interest, Dr. Ogle refers to the well-known cases recorded by Mr. Wade and Mr. Keate, and to one of a like character more recently published by Dr. Mackenzie, but does not refer to similar cases narrated by Mercogliano, Syme, Bayard, of Canada, and Morehouse, of Philadelphia.

On the Surgical Treatment of Suppurating Ovarian Cysts, and on Pelvic Adhesions in Ovariotomy; by TIMOTHY HOLMES, F.R.C.S., Surgeon to St. George's Hospital.—This short paper gives an account of a very interesting case of ovarian tumour which occurred in a middle-aged married woman, the operation of tapping having been followed by suppuration of the cyst, and ovariotomy having been eventually performed with a successful result. From the author's remarks upon the *diagnosis* of chronic suppuration in ovarian cysts, we extract the following sentences:—

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[1] These figures by no means represent the total mortality due to the inhalation of chloroform; the actual number of recorded deaths from the use of this dangerous agent exceeds, we believe, three hundred.

> "Looking back on the matter with the information derived from the operation, I think I might say that in another case in which this general tenderness to pressure coincided with symptoms of low peritonitis, with rapid emaciation otherwise unaccounted for, and with a very feeble and somewhat rapid pulse, I should be disposed to conjecture the occurrence of chronic suppuration within the cyst, and that this conjecture would be confirmed if the rise of temperature mentioned by Mr. Wells were observed. Under such circumstances the temperature should, no doubt, be carefully noted."

With regard to the proper *treatment* of suppurating ovarian cysts, Mr. Holmes expresses entire dissent from the adverse opinion advanced by Mr. Bryant in the *Guy's Hospital Reports* for 1868 (3d S., Vol. XIV.),[1] and, referring to several cases recorded by Mr. Spencer Wells, in which ovariotomy has been successfully performed under these circumstances, declares that he "cannot doubt that the best course to pursue is at least to attempt the operation." As to the management of pelvic adhesions, Mr. Holmes advises that, when (as in the case reported) they cannot be safely torn through, the cyst should be pulled as far as possible out of the abdomen, and a clamp applied, provided that the neck of the cyst is not too thick to admit of such treatment.

An account of a Case of Resection of the Shoulder and Elbow Joints of the same Arm for Gunshot Injury; by WILLIAM MACCORMAC, F.R.C.S., Assistant Surgeon to St. Thomas's Hospital.—This case is one of great interest. From the upper extremity of the humerus four inches of bone were removed, and from the elbow a thin slice of the humeral condyles, the head of the radius, and the upper third of the ulna, the periosteum being as far as possible preserved. A week after the operation the patient exhibited symptoms of pyæmia, but eventually recovered, and eighteen months subsequently was in good health and possessed a very useful arm. The following is Mr. MacCormac's description of the limb at this time:—

> "The elbow-joint is thoroughly healed, and the ulna so far reproduced that there is scarcely any appreciable deformity or loss of shape in the joint. He can flex and extend it, and also pronate and supinate the forearm. The power of the hand is being rapidly and completely regained. As the shoulder-joint is not yet healed [there was a sinus leading to dead bone] its condition is not so satisfactory, but by means of the pectoralis and latissimus dorsi muscles he moves the joint freely backward and forward. He cannot raise the arm very high from the side, but this is no uncommon result after excision of this articulation, and in this particular instance the greater portion of the deltoid muscle was destroyed by the shell fragment causing the original wound."

An excellent plate, taken from a photograph, accompanies Mr. MacCormac's paper.

On a Case of Abdominal Aneurism cured by Compression of the Aorta; by WALTER MOXON, M.D., etc., and ARTHUR E. DURHAM, F.R.C.S., etc.

A Case of Abdominal Aneurism treated by Distal Pressure, with Remarks; by THOMAS BRYANT, F.R.C.S., Surgeon to Guy's Hospital.

Dr. Moxon's and Mr. Durham's patient was a young man, twenty-seven years of age, and the aneurism was so situated that it was possible to effect compression on the cardiac side of the sac by means of Lister's instrument. A modified Valsalva treatment was employed for eleven days as a preliminary measure, and then, chloroform having been administered, the aortic compressor was adjusted and kept in place for ten and a half hours.

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[1] See No. of this Journal for July, 1869, page 193.

"On removing the tourniquet, it was found that the aneurism no longer pulsated. It was manifestly smaller and harder than before the application of the pressure. The surface of the skin upon which the pad of the tourniquet had pressed was of a bright-red colour. No pulsation of either femoral artery could be detected. The lower extremities, when uncovered and exposed for examination, were found to be cold and clammy to the touch, and presented here and there irregular livid or palish-purple patches of discoloration. It is worthy of note, however, that at the end of the treatment the extremities appeared less cold, and the patches of discoloration were fewer and smaller than they had been found to be when examined during the progress of the compression at a comparatively early period. In the course of a short time pulsation of the aneurism was again distinctly recognized. But it was very much feebler and altogether different in character to the strong full pulsation which was so manifest before the commencement of the treatment. . . . . The next day the aneurism was smaller, much harder, and less compressible than it had been. But it still pulsated in a marked degree. Pulsation of the femorals was scarcely if at all perceptible. . . . . The portion of skin which had been immediately in contact with the pad of the tourniquet presented a bruised appearance. It was of a deep livid red colour, and was exquisitely tender to the touch. The patient suffered from no *internal* pain or tenderness whatever, nor could any indication be detected of visceral disturbance or mischief as the result of the long-continued and severe pressure. . . . . At the end of a fortnight the aneurism was not only much smaller, and harder, and feebler in pulsation, but such pulsation as remained could be arrested with great ease by digital pressure upon the aorta. . . . . The pulsation became less and less easily recognizable, until rather more than a month after the application of the pressure, when it ceased altogether to be perceptible."

In terminating their paper Dr. Moxon and Mr. Durham mention that they have under observation another case of abdominal aneurism, in which they expect to employ proximal compression at some future time; they also give a lithographic plate of "sphygmograms," illustrating the effect of compression of the abdominal aorta upon the pulse at the wrist, the most striking feature being a marked dicrotism, which they believe to be the result of the increased strain upon the thoracic aorta.

The result of Mr. Bryant's case was less fortunate; the patient was a man thirty years of age, and the aneurism was situated so close to the diaphragm as to prevent the application of pressure on the proximal side of the sac. Distal compression was therefore determined upon, and, chloroform having been administered, Lister's instrument was adjusted below the tumour and kept in position for twelve hours, the aneurism continuing to pulsate during the whole time. The patient vomited two or three times during the following night, but seemed to be doing well in other respects, and the pressure was therefore reapplied twelve hours subsequently, and maintained for four hours, when it was finally removed. At this time the patient was breathing badly, and his pulse was very weak; he gradually sank, and died eleven hours after the removal of the clamp, and thirty-nine hours from the period of its first application. A *post-mortem* examination showed that the formation of a laminated coagulum in the aneurismal sac had already begun, and revealed the cause of death in the existence of peritonitis and severe bruising of the viscera, with effusion of blood and obstruction of the bowel at the seat of pressure.

In his remarks upon this case, Mr. Bryant refers to the general question of the distal treatment of aneurism by temporary compression, and speaks in deservedly favorable terms of the ingenious "artery-constrictor" devised by our fellow-countryman, Dr. S. Fleet Speir, of New York.

"Up to the present time the distal treatment of aneurism has been, with rare exceptions, judged mainly upon the results of the application of the permanent ligature. . . . . I have a strong feeling that the distal treatment of aneurism by means of pressure in one of its forms, is likely to be followed by as much success as has already attended the treatment by pressure when applied to the proximal side of an aneurismal tumour."

Mr. Bryant's paper is illustrated with a well-executed chromo-lithographic plate, showing the appearance of the aneurismal sac when laid open.

Account of a Case of Intestinal Obstruction in which an Artificial Anus was made in the small intestine. Recovery, and subsequent death from Cancer and Fatty Degeneration of the Heart; by JEREMIAH McCARTHY, M.R.C.S., Assistant-Surgeon to the London Hospital; communicated by T. B. CURLING, F.R.S., President.—Mr. McCarthy's patient was a man fifty-two years of age, who had been suffering from gradually increasing obstruction of the lower bowel (due to cancerous disease) for about three months before his admission to hospital. As the site of obstruction was such as to forbid left lumbar colotomy, Mr. McCarthy determined to open the small intestine (*enterotomy*) in the right iliac region, and by so doing succeeded in affording complete relief to his patient, who, however, succumbed by the natural course of his disease some seven weeks afterwards. The case is one of much interest, and one which reflects great credit upon the operator. We cannot but think, however—and our opinion is sustained by the account of the *post-morten* appearances—that it would, upon the whole, be safer, in a similar case, to at least make an effort to reach the cæcum in the right lumbar region, before incurring the risk of peritonitis by opening the bowel from the front; for though the case here recorded is sufficient to show that Mr. Erichsen is in error in declaring that peritoneal inflammation is "inevitable" after such an operation, there can be no doubt that it is a complication much to be dreaded, and, moreover, one which is very likely to occur.

The present volume of the *Medico-Chirurgical Transactions* will, we think, fully maintain the high reputation of its predecessors. J. A., JR.

ART. XX.—*Transactions of the Clinical Society of London.* Vol. V. 8vo. pp. xlvii., 253. London: Longmans, Green & Co., 1872.

THE present volume of this valuable series comprises the proceedings of the Clinical Society during its fifth session. We find in the list of contributors the names of many who furnished reports to the preceding volumes, a fact which shows that those who founded the Society still take a lively interest in its welfare. The opening *address* is by the President, Sir WILLIAM GULL, who is evidently a firm believer in the progress of medical science, and it is pleasant to find one who has attained so eminent a position in his profession, willing to admit, and even hoping, that the physicians of the next generation may be as superior in attainments to those of this, as these are to their immediate predecessors. The importance of the study of anatomy, both healthy and morbid, of diagnosis, and of therapeutics, is very forcibly pointed out. The author is disposed to believe that many morbid processes which are now unintelligible would cease to be so if comparative anatomy were better understood, and in this connection refers to the fact that malformed parts are, more than all others, liable to disease.